

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of
Hart et al.

Serial No. 10/521,368

Filed: January 12, 2005

For: DRAINAGE CATHETER

Customer No.: 21378

Art Unit: 2873

Docket: 3438-USP-PCT-US

CERTIFICATE OF FACSIMILE TRANSMISSION
I hereby certify that this correspondence is being
facsimile transmitted to the U.S. Patent and
Trademark Office Fax No. 571-237-8300 on
July 29, 2005

Barbara Johnson

(Type or print name)

Barbara Johnson
(Signature)

Dear Sirs:

Attached please find the following documents submitted for filing in reference to the above-referenced application.

1. Correction to Filing Receipt
2. Copy of Filing Receipt with noted Correction
3. Copy of Declaration submitted with Application and an additional page 3a containing signature of Raffi S. Pinedjian
4. Copy of PCT Request;
5. Transmittal.

Respectfully submitted,

Barbara Johnson

Customer No. 21378

Telephone (949) 713-8000

Facsimile (949) 713-8206

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:)	Customer No.: 21378
Hart et al.)	
)	Art Unit: 2873
Serial No. 10/521,368)	
)	
Filed: January 12, 2005)	Docket No.: 3438-USP-PCT-US
)	
For: DRAINAGE CATHETER)	
)	
)	

CORRECTION TO FILING RECEIPT

Dear Sir:

Applicants acknowledges receipt of the filing receipt mailed May 11, 2005, regarding the above-referenced matter. An error in the filing receipt has been noted. Under "Applicant(s)", the second named inventor, Raffi S. Pinedjian, was omitted.

Enclosed please find a copy of the Declaration for Utility or Design Patent Application (37 CFR 1.63), filed January 12, 2005, and a copy of the International Application, both listing Mr. Pinedjian as the second named inventor/applicant. Please note that the Declaration filed with the National Phase application in the United States Patent Office on January 12, 2005, was missing the signature of Mr. Pinedjian. Enclosed please find Mr. Pinedjian's signature on page 3a of the Declaration.

Applicants hereby request that the Filing Receipt be reissued listing the names of all applicant's, Charles C. Hart, Raffi S. Pinedjian, and Boun Pravong.

Respectfully submitted,



Kenneth K. Vu
Registration No. 46,323

Date: July 28, 2005
Customer No.: 21378
Telephone (949) 713-8000
Facsimile (949) 713-8206



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
 United States Patent and Trademark Office
 Address: COMMISSIONER FOR PATENTS
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 Alexandria, Virginia 22313-1450
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APPL NO.	FILING OR 371 (c) DATE	ART UNIT	FIL FEE REC'D	ATTY DOCKET NO	DRAWINGS	TOT CLMS	IND CLMS
10/521,368	01/12/2005	2873	1000	1865-USP-PCT2-US2	7	20	2

CONFIRMATION NO. 2254

21378
 APPLIED MEDICAL RESOURCES CORPORATION
 22872 Avenida Empresa
 Rancho Santa Margarita, CA 92688

FILING RECEIPT



OC000000015980234

Date Mailed: 05/11/2005

Receipt is acknowledged of this regular Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please mail to the Commissioner for Patents P.O. Box 1450 Alexandria Va 22313-1450. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

- ① Charles C Hart, Summerville, SC;
- ③ Boun Pravong, Corona, CA;
- ② Raffi S. Pinedjian, Fountain Valley, CA

Power of Attorney: The patent practitioners associated with Customer Number 21378.

Domestic Priority data as claimed by applicant

This application is a 371 of PCT/US03/21756 07/11/2003

Foreign Applications

UNITED STATES OF AMERICA 60396225 07/16/2002

Projected Publication Date: 08/18/2005

Non-Publication Request: No

Early Publication Request: No

Title

Drainage catheter

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

Declaration
Submitted
With Initial
Filing

OR

Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number

1865-USP- PCT2-US2

First Named Inventor

Charles C. Hart

COMPLETE IF KNOWN

Application Number

Not yet assigned

Filing Date

Herewith

Art Unit

Not yet assigned

Examiner Name

Not yet assigned

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

DRAINAGE CATHETER

(Title of the Invention)

the specification of which



Is attached hereto

OR



was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 3]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: ☒ Customer Number: 21378 OR ☐ Correspondence address below

Name:

Address:

City:

State:

ZIP:

Country:

Telephone:

Fax:

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:

☐ A petition has been filed for this unsigned inventor.

Given Name
(first and middle (if any)) CHARLES C.

Family Name
or Surname HART

Inventor's
Signature

Date:

1-4-2005

Residence: City
Summerville

State
South Carolina

Country
U.S.A.

Citizenship
U.S.A.

Mailing Address:

128 Marvin Gardens

City:

Summerville

State:

South Carolina

ZIP:

29483-8949

Country:

U.S.A.

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor.

Given Name
(first and middle (if any)) RAFFI S.

Family Name
or Surname PINEDJIAN

Inventor's
Signature

Date:

Residence: City
Fountain Valley

State
California

Country
U.S.A.

Citizenship
U.S.A.

Mailing Address:

9196 San River Circle

City:

Fountain Valley

State:

California

ZIP:

92708

Country:

U.S.A.

☒

Additional inventors or a legal representative are being named on the ☐ application and Serial(s) PTO/SB/024 or 021R attached hereto.

2 of 3

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number: 21378 OR <input type="checkbox"/> Correspondence address below			
Name			
Address			
City		State	ZIP
Country	Telephone	Fax	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) CHARLES C.		Family Name or Surname HART	
Inventor's Signature			Date
Residence: City Summerville	State South Carolina	Country U.S.A.	Citizenship U.S.A.
Mailing Address 126 Marvin Gardens			
City Summerville	State South Carolina	ZIP 29483-8949	Country U.S.A.
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) RAFFI S.		Family Name or Surname PINEDJIAN	
Inventor's Signature <i>Raffi Pinedjian</i>			Date 1/10/2005
Residence: City Fountain Valley	State California	Country U.S.A.	Citizenship U.S.A.
Mailing Address 9196 Sara River Circle			
City Fountain Valley	State California	ZIP 92708	Country U.S.A.
<input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on the 1 supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.			

DECLARATION**ADDITIONAL INVENTOR(S)**
Supplemental SheetPage 3 of 3

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
BOUN		PRAVONG	
Inventor's Signature <i>[Signature]</i>		Date <u>1-5-05</u>	
Corona Residence: City	California State	U.S.A Country	U.S.A Citizenship
450 Wilson Circle Mailing Address			
Mailing Address			
Corona City	California State	92879 Zip	U.S.A Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2

PC7

For filing only

REQUEST

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

International Application No.

International Filing Date

Name of receiving Office and "PCI International Application"

Applicant's or agent's file reference - PCA-1865AU
(if desired) (12 characters maximum)

Box No. I TITLE OF INVENTION

DRAINAGE CATHEIER

Box No. II APPLICANT

APPLIED MEDICAL RESOURCES CORPORATION

Name and address: (Family name followed by given name: for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country of residence if no State of residence is indicated below)

APPLIED MEDICAL RESOURCES CORPORATION
22872 Avenida Empresa
Rancho Santa Margarita, California 92688
United States of America

☐ This person is also inventor.

Telephone No.
(949) 713-8200

Facsimile No.
(949) 713-8206

Teleprinter No.

State (that is, country) of nationality:

US

State (that is, country) of residence:

US

This person is applicant
for the purpose of:

☐ all designated
states

☒ all designated States except
the United States of America

☐ the United States
of America only

☐ the States indicated in
the Supplemental Box

Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)

Name and address: (Family name followed by given name: for a legal entity full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

HART, Charles C.
126 Marvin Gardens
Summerville, South Carolina 29483-8949
United States of America

This person is:

☐ applicant only

☒ applicant and inventor

☐ inventor only (If this check-box
is marked, do not fill in below)

State (that is, country) of nationality:

US

State (that is, country) of residence:

US

This person is applicant
for the purpose of:

☐ all designated
states

☐ all designated States except
the United States of America

☒ the United States
of America only

☐ the States indicated in
the Supplemental Box

☐ Further Applicants and/or (further) inventors are indicated on a continuation sheet.

Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE

The person identified below is hereby/has been appointed to act on behalf
of the applicant(s) before the competent International Authorities as:

☒ agent

☐ common representative

Name and address: (Family name followed by given name: for a legal entity full official designation. The address must include postal code and name of country.)

MYERS, Richard L.
22872 Avenida Empresa
Rancho Santa Margarita, California 92688
United States of America

Telephone No.
(949) 713-8000

Facsimile No.
(949) 713-8206

Teleprinter No.

☒ Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the address should be used instead to indicate a special address to which correspondence should be sent.

Continuation of Box No. III

FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)

If none of the following sub-boxes is used, this sheet should not be included in the request

Name and address: (Family name followed by given name: for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country of residence if no State of residence is indicated below.)

PINEDJIAN, Raffi S.
9196 Sara River Circle
Fountain Valley, California 92708
United States of America

This person is:

- ☐ applicant only
☒ applicant and inventor
☐ inventor only (If this check-box is marked, do not fill in below.)

State (that is, country) of nationality:
US

State (that is, country) of residence:
US

This person is applicant for the purpose of: ☐ all designated states ☐ all designated States except the United States of America ☒ the United States of America only ☐ the States indicated in the Supplemental Box

Name and address: (Family name followed by given name: for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country of residence if no State of residence is indicated below.)

PRAVONG, Boun
450 Wilson Circle
Corona, California 92879
United States of America

This person is:

- ☐ applicant only
☒ applicant and inventor
☐ inventor only (If this check-box is marked, do not fill in below.)

State (that is, country) of nationality:
US

State (that is, country) of residence:
US

This person is applicant for the purpose of: ☐ all designated states ☐ all designated States except the United States of America ☒ the United States of America only ☐ the States indicated in the Supplemental Box

Name and address: (Family name followed by given name: for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country of residence if no State of residence is indicated below.)

This person is:

- ☐ applicant only
☐ applicant and inventor
☐ inventor only (If this check-box is marked, do not fill in below.)

State (that is, country) of nationality:
US

State (that is, country) of residence:
US

This person is applicant for the purpose of: ☐ all designated states ☐ all designated States except the United States of America ☐ the United States of America only ☐ the States indicated in the Supplemental Box

Name and address: (Family name followed by given name: for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country of residence if no State of residence is indicated below.)

This person is:

- ☐ applicant only
☐ applicant and inventor
☐ inventor only (If this check-box is marked, do not fill in below.)

State (that is, country) of nationality:
US

State (that is, country) of residence:
US

This person is applicant for the purpose of: ☐ all designated states ☐ all designated States except the United States of America ☐ the United States of America only ☐ the States indicated in the Supplemental Box

☒ Further applicants and/or (further) inventors are indicated on another continuation sheet.

Box No. V DESIGNATION OF STATES

Mark the applicable check-boxes; at least one must be marked

The following designations are hereby made under Rule 4.9(a) (mark the applicable check-boxes; at least one must be marked):

Regional Patent

- ☐ AP ARIPO Patents: GH Ghana, GM Gambia, KE Kenya, LS Lesotho, MW Malawi, MZ Mozambique, SD Sudan, SL Sierra Leone, SZ Swaziland, TZ United Republic of Tanzania, UG Uganda, ZM Zambia, ZW Zimbabwe, and any other State which is a Contracting State of the Harare Protocol and of the PCT (if other kind of protection or treatment desired, specify on dotted line)
- ☐ EA Eurassian Patent: AM Armenia, AZ Azerbaijan, BY Belarus, KG Kyrgyzstan, KZ Kazakhstan, MD Republic of Moldova, RU Russian Federation, TJ Tajikistan, TM Turkmenistan, and any other State which is a Contracting State of the Eurasian Patent Convention and of the PCT
- ☒ EP European Patent: AT Austria, BE Belgium, BG Bulgaria, CH & LI Switzerland and Liechtenstein, CY Cyprus, CZ Czech Republic, DE Germany, DK Denmark, EE Estonia, ES Spain, FI Finland, FR France, GB United Kingdom, GR Greece, IE Ireland, IT Italy, LU Luxembourg, MC Monaco, NL Netherlands, PT Portugal, SE Sweden, SK Slovakia, TR Turkey, and any other State which is a Contracting State of the European Patent Convention and of the PCT
- ☐ OA OAPI Patent: BF Burkina Faso, BJ Benin, CF Central African Republic, CG Congo, CI Côte d'Ivoire, CM Cameroon, GA Gabon, GN Guinea, GQ Equatorial Guinea, GW Guinea-Bissau, ML Mali, MR Mauritania, NE Niger, SN Senegal, TD Chad, TG Togo and any other State which is a member State of OAPI and a Contracting State of the PCT (if other kind of protection or treatment desired specify on the dotted line)

National Patent (if other kind of protection or treatment desired, specify on dotted line):

- | | | |
|--|---|---|
| <input type="checkbox"/> AE United Arab Emirates | <input type="checkbox"/> GM Gambia | <input type="checkbox"/> NZ New Zealand |
| <input type="checkbox"/> AG Antigua and Barbuda | <input type="checkbox"/> HR Croatia | <input type="checkbox"/> OM Oman |
| <input type="checkbox"/> AL Albania | <input type="checkbox"/> HU Hungary | <input type="checkbox"/> PH Philippines |
| <input type="checkbox"/> AM Armenia | <input type="checkbox"/> ID Indonesia | <input type="checkbox"/> PL Poland |
| <input type="checkbox"/> AT Austria | <input type="checkbox"/> IL Israel | <input type="checkbox"/> PT Portugal |
| <input type="checkbox"/> AU Australia | <input type="checkbox"/> IN India | <input type="checkbox"/> RO Romania |
| <input type="checkbox"/> AZ Azerbaijan | <input type="checkbox"/> IS Iceland | <input type="checkbox"/> RU Russian Federation |
| <input type="checkbox"/> BA Bosnia and Herzegovina | <input checked="" type="checkbox"/> JP Japan | |
| <input type="checkbox"/> BB Barbados | <input type="checkbox"/> KE Kenya | <input type="checkbox"/> SD Sudan |
| <input type="checkbox"/> BG Bulgaria | <input type="checkbox"/> KG Kyrgyzstan | <input type="checkbox"/> SE Sweden |
| <input type="checkbox"/> BR Bulgaria | <input type="checkbox"/> KP Democratic People's Republic of Korea | <input type="checkbox"/> SG Singapore |
| <input type="checkbox"/> BY Belarus | <input type="checkbox"/> KR Republic of Korea | <input type="checkbox"/> SI Slovenia |
| <input type="checkbox"/> BZ Belize | <input type="checkbox"/> KZ Kazakhstan | <input type="checkbox"/> SK Slovakia |
| <input checked="" type="checkbox"/> CA Canada | <input type="checkbox"/> LC Saint Lucia | <input type="checkbox"/> SL Sierra Leone |
| <input type="checkbox"/> CH & LI Switzerland and Liechtenstein | <input type="checkbox"/> LK Sri Lanka | <input type="checkbox"/> TJ Tajikistan |
| <input type="checkbox"/> CN China | <input type="checkbox"/> LR Liberia | <input type="checkbox"/> TM Turkmenistan |
| <input type="checkbox"/> CO Colombia | <input type="checkbox"/> LS Lesotho | <input type="checkbox"/> TN Tunisia |
| <input type="checkbox"/> CR Costa Rica | <input type="checkbox"/> LT Lithuania | <input type="checkbox"/> TR Turkey |
| <input type="checkbox"/> CU Cuba | <input type="checkbox"/> LU Luxembourg | <input type="checkbox"/> TT Trinidad and Tobago |
| <input type="checkbox"/> CZ Czech Republic | <input type="checkbox"/> LV Latvia | <input type="checkbox"/> TZ United Republic of Tanzania |
| <input type="checkbox"/> DE Germany | <input type="checkbox"/> MA Morocco | <input type="checkbox"/> UA Ukraine |
| <input type="checkbox"/> DK Denmark | <input type="checkbox"/> MD Republic of Moldova | <input type="checkbox"/> UG Uganda |
| <input type="checkbox"/> DM Dominica | <input type="checkbox"/> MG Madagascar | <input checked="" type="checkbox"/> US United States of America |
| <input type="checkbox"/> DZ Algeria | <input type="checkbox"/> MK The former Yugoslav Republic of Macedonia | <input type="checkbox"/> UZ Uzbekistan |
| <input type="checkbox"/> EC Ecuador | <input type="checkbox"/> MN Mongolia | <input type="checkbox"/> VN Viet Nam |
| <input type="checkbox"/> EE Estonia | <input type="checkbox"/> MW Malawi | <input type="checkbox"/> YU Yugoslavia |
| <input type="checkbox"/> ES Spain | <input type="checkbox"/> MX Mexico | <input type="checkbox"/> ZA South Africa |
| <input type="checkbox"/> FI Finland | <input type="checkbox"/> MZ Mozambique | <input type="checkbox"/> ZM Zambia |
| <input type="checkbox"/> GB United Kingdom | <input type="checkbox"/> NO Norway | <input type="checkbox"/> ZW Zimbabwe |
| <input type="checkbox"/> GD Grenada | | |
| <input type="checkbox"/> GE Georgia | | |
| <input type="checkbox"/> GH Ghana | | |

Check-boxes below reserved for designating States which have become party to the PCT after issuance of this sheet:

- | | | |
|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Precautionary Designation Statement: In addition to the designations made above, the applicant also makes under Rule 4.9(b) all other designations which would be permitted under the PCT except any designation(s) indicated in the Supplemental Box as being excluded from the scope of this statement. The applicant declares that those additional designations are subject to confirmation and that any designation which is not confirmed before the expiration of 15 months from the priority date is to be regarded as withdrawn by the applicant at the expiration of that time limit. (Confirmation (including fees) must reach the receiving Office within the 15-month time limit)

Box No. VI PRIORITY CLAIM

☐ Further priority claims are indicated in the Supplemental Box.

Filing date of earlier application (day/month/year)	Number of earlier application	Where earlier application is:		
		national application: country	regional application * regional Office	international application: receiving Office
item (1) 16 July 2002 (16.07.02)	60/396,225	US		
item (2)				
item (3)				

☒ The receiving Office is requested to prepare and transmit to the International Bureau a certified copy of the earlier application(s) (only if the earlier application was filed with the Office which for the purposes of the present international application is the receiving Office) identified above as item(s): 1

* Where the earlier application is an ARIPO application, it is mandatory to indicate in the Supplemental Box at least one country party to the Paris Convention for the Protection of Industrial Property for which that earlier application was filed (Rule 4.10(b)(ii)). See Supplemental Box.

Box No. VII INTERNATIONAL SEARCHING AUTHORITY

Choice of International Searching Authority (ISA)
(if two or more International Searching Authorities are competent to carry out the international search, indicate the Authority chosen; the two-letter code may be used):

ISA / US

Request to use results of earlier search; reference to that search (if an earlier search has been carried out by or requested from the International Searching Authority):

Date (day/month/year) Number Country (or regional Office)

Box No. VIII CHECK LIST: LANGUAGE OF FILING

This international application contains the following number of sheets:
request : 4

description (excluding

sequence listing part) : 9

claims : 3

abstract : 1

drawings : 7

sequence listing part :

of description :

Total number of sheets : 24

This international application is accompanied by the item(s) marked below:

- ☒ fee calculation sheet
- ☐ separate signed power of attorney
- ☐ copy of general power of attorney; reference number, if any:
- ☐ statement explaining lack of signature
- ☐ priority document(s) identified in Box No. VI as item(s):
- ☐ translation of international application into (language):
- ☐ separate indications concerning deposited microorganism or other biological material
- ☐ nucleotide and/or amino acid sequence listing in computer readable form
- ☒ other (specify): Return Receipt Postcard

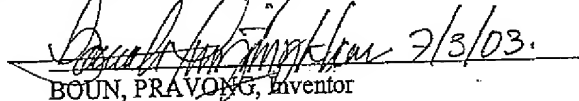
Figure of the drawings which should accompany the abstract: 1

Language of filing of the international application English

Box No. IX SIGNATURE OF APPLICANT OR AGENT

Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the request)


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 7/3/03.
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APPLIED MEDICAL RESOURCES CORPORATION

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By:

NABIL HILAL
Senior Vice-President

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1. Date of actual receipt of the purported international application	2. Drawings <input type="checkbox"/> received <input type="checkbox"/> not received
3. Corrected date of actual receipt due to later but timely received papers or drawings completing the purported international application:	
4. Date of timely receipt of the required corrections under PCT Article 11(2):	
5. International Searching Authority (if two or more are competent): ISA/	
6. <input type="checkbox"/> Transmittal of search copy delayed until search fee is paid.	

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Box No. VI PRIORITY CLAIM

☐ Further priority claims are indicated in the Supplemental Box.

Filing date of earlier application (day/month/year)	Number of earlier application	Where earlier application is:		
		national application: country	regional application.* regional Office	international application: receiving Office
item (1) 16 July 2002 (16.07.02)	60/396,225	US		
item (2)				
item (3)				

☒ The receiving Office is requested to prepare and transmit to the International Bureau a certified copy of the earlier application(s) (only if the earlier application is filed with the Office which for the purposes of the present international application is the receiving Office) identified above as item(s): 1

* Where the earlier application is an ARIPO application. It is mandatory to indicate in the Supplemental Box at least one country party to the Paris Convention for the Protection of Industrial Property for which that earlier application was filed (Rule 4.10(b)(ii). See Supplemental Box.

Box No. VII INTERNATIONAL SEARCHING AUTHORITY

Choice of International Searching Authority (ISA)
(if two or more International Searching Authorities are competent to carry out the international search, indicate the Authority chosen; the two-letter code may be used):

ISA/US

Request to use results of earlier search; reference to that search (if an earlier search has been carried out by or requested from the International Searching Authority):

Date (day/month/year) Number Country (or regional Office)

Box No. VIII CHECK LIST: LANGUAGE OF FILING

This international application contains the following number of sheets:
request : 4

description (excluding
sequence listing part) : 9
claims : 3
abstract : 1
drawings : 7
sequence listing part
of description :

Total number of sheets : 24

: This international application is accompanied by the item(s) marked below:

1. ☒ fee calculation sheet
2. ☐ separate signed power of attorney
3. ☐ copy of general power of attorney; reference number, if any:
4. ☐ statement explaining lack of signature
5. ☐ priority document(s) identified in Box No. VI as item(s):
6. ☐ translation of international application into (language):
7. ☐ separate indications concerning deposited microorganism or other biological material
8. ☐ nucleotide and/or amino acid sequence listing in computer readable form
9. ☒ other (specify): Return Receipt Postcard

Figure of the drawings which
should accompany the abstract: 1

Language of filing of the English
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/521,368	
	Filing Date	January 12, 2005	
	First Named Inventor	Charles C. Hart	
	Art Unit	2873	
	Examiner Name	Not yet assigned	
Total Number of Pages in This Submission	13	Attorney Docket Number	3438-USP-PCT-US

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Correction to filing receipt with accompanying documents
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	KENNETH K VU
Signature	
Date	July 29, 2005

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria VA 22313-1450 on the date shown below.			
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